

POSITION	INITIALS	ID. NO.	DATE
FEES DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			8-3199
FORMALITY REVIEW	ML	71621	9/7/90

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/20/90
2	✓	✓	9/20/90
3	✓	✓	9/20/90
4	✓	✓	9/20/90
5	✓	✓	9/20/90
6	✓	✓	9/20/90
7	✓	✓	9/20/90
8	✓	✓	9/20/90
9	✓	✓	9/20/90
10	✓	✓	9/20/90
11	✓	✓	9/20/90
12	✓	✓	9/20/90
13	✓	✓	9/20/90
14	✓	✓	9/20/90
15	✓	✓	9/20/90
16	✓	✓	9/20/90
17	✓	✓	9/20/90
18	✓	✓	9/20/90
19	✓	✓	9/20/90
20	✓	✓	9/20/90
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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